

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 0 1

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
Title XIX - Medicaid

4. PROPOSED EFFECTIVE DATE

January 1, 2002

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.725, 435.733, 435.1010, 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 102,195

b. FFY 2003 \$ 151,491

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 5  
Supplement 6 to Attachment 2.6-A  
Pages 1, 1a, 1b, and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Pg. 5  
Supplement 6 to Attachment 2.6-A,  
pgs. 1, 1a, 1b and 2

10. SUBJECT OF AMENDMENT:

Cost-of-Living Adjustments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*[Signature]*

13. TYPED NAME:

Feather O. Houstoun

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

3/28/02

16. RETURN TO:

Commonwealth of Pennsylvania  
Department of Public Welfare  
P.O. Box 2675  
Harrisburg, PA 17105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

MAY 17 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/02

20. SIGNATURE OF REGIONAL OFFICIAL:

*[Signature]*

21. TYPED NAME:

CLAUDETTE V. CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & STATE OPERATIONS

23. REMARKS:

State: Pennsylvania

Citation	Condition or Requirement						
	<p>b. TANF related-</p> <p>Children <u>\$30</u></p> <p>Adults <u>\$30</u></p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A. \$30</u></p>						
Social Security Act §1924	<p>3. For maintenance of the non-institutionalized spouse only. The monthly income allowance for the community spouse (using the formula in §1924(d)(2)) is the amount by which a maintenance needs standards exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C).</p> <p>The monthly income allowance for other dependent family members living with the community spouse is one-third of the amount by which the poverty level component (§§1924(d)(3)(A)) exceeds the dependent family member's income.</p> <p>4. An amount for the maintenance of each family member with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the highest of -</p> <table> <tr> <td>TANF level</td><td><u>\$See attached cash schedule</u></td></tr> <tr> <td>Medically needy level</td><td><u>\$</u></td></tr> <tr> <td>Other as follows</td><td><u>\$</u></td></tr> </table> <p>5. Amounts for incurred medical expenses not subject to payment by a third party.</p> <p>a. Health insurance premiums, deductibles and coinsurance charges.</p> <p>b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in <u>Supplement 3 to ATTACHMENT 2.6-A.</u></p> <p>6. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.</p> <p><u>X</u> Yes. Amount for maintenance of home <u>\$572.40</u> (Effective January 1, 2002)</p> <p><u>  </u> No.</p>	TANF level	<u>\$See attached cash schedule</u>	Medically needy level	<u>\$</u>	Other as follows	<u>\$</u>
TANF level	<u>\$See attached cash schedule</u>						
Medically needy level	<u>\$</u>						
Other as follows	<u>\$</u>						

TN No. 02-001

Supersedes

TN No. 01-001Approval Date MAY 17 2002Effective Date January 1, 2002

CMS ID:

Revision:

## SUPPLEMENT 6 TO ATTACHMENT 2.6-A

Page 1

State: Pennsylvania

## STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category  (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living independently	(2) X	1/1/85	(3) \$ 975	\$1,464	(4) \$357.40	\$536.70	(5) SSI Standards
		1/1/86	1,008	1,512	368.40	552.70	
		1/1/87	1,020	1,530	372.40	558.70	
		1/1/88	1,062	1,596	386.40	580.70	
		1/1/89	1,104	1,659	400.40	601.70	
		1/1/90	1,158	1,737	418.40	627.70	
		1/1/91	1,221	1,830	439.40	658.70	
		1/1/92	1,266	1,899	454.40	681.70	
		1/1/93	1,302	1,956	466.40	700.70	
		1/1/94	1,338	2,153	478.40	717.70	
		1/1/95	1,374	2,061	490.40	735.70	
		1/1/96	1,410	2,115	497.40	748.70	
		1/1/97	1,452	2,178	511.40	769.70	
		1/1/98	1,482	2,223	521.40	784.70	
		1/1/99	1,500	2,253	527.40	794.70	
		1/1/00	1,536	2,307	539.40	812.70	
		1/1/01	1,590	2,388	557.40	839.70	
		1/1/02	1,635	2,451	572.40	860.70	

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## SUPPLEMENT 6 TO ATTACHMENT 2.6-A

Page 1a

State: Pennsylvania**STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT**

Payment Category  (Reasonable Classification) (1)  Aged, blind, and disabled living in a domiciliary care facility	Administered by		Income Level				Income Disregards Employed (5)  SSI Standards
			Gross		Net		
	Federal (2)  X	State	1 Person (3)  (3)	Couple  (4)	1 Person (4)  (4)	Couple  (5)	
		1/1/85	\$ 975	\$1,464	\$472.30	\$861.40	
		1/1/86	1,008	1,512	483.30	877.40	
		1/1/87	1,020	1,530	487.30	883.40	
		1/1/88	1,062	1,596	501.30	905.40	
		1/1/89	1,104	1,659	515.30	926.40	
		1/1/90	1,158	1,737	533.30	952.40	
		1/1/91	1,221	1,830	554.30	983.40	
		1/1/92	1,266	1,899	569.30	1,006.40	
		1/1/93	1,302	1,956	581.30	1,025.40	
		10/1/93	1,302	1,956	763.30	1,389.40	
		1/1/94	1,338	2,153	775.30	1,406.40	
		1/1/95	1,374	2,061	787.30	1,424.40	
		1/1/96	1,410	2,115	799.30	1,442.40	
		1/1/97	1,452	2,178	813.30	1,463.40	
		1/1/98	1,482	2,223	823.30	1,478.40	
		1/1/99	1,500	2,253	829.30	1,488.40	
		1/1/00	1,536	2,307	841.30	1,506.40	
		1/1/01	1,590	2,388	859.30	1,533.40	
		1/1/02	1,635	2,451	934.30	1,674.40	

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**STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT**

Payment Category  (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living in a personal care home	(2) X	7/1/89	(3) \$1,104	\$1,659	(4) \$520.30	\$ 936.40	(5) SSI Standards
		1/1/90	1,158	1,737	538.30	962.40	
		1/1/91	1,221	1,830	559.30	993.40	
		1/1/92	1,266	1,899	574.30	1,016.40	
		1/1/93	1,302	1,956	586.30	1,035.40	
		10/1/93	1,302	1,956	768.30	1,399.40	
		1/1/94	1,338	2,153	780.30	1,416.40	
		1/1/95	1,374	2,061	792.30	1,434.40	
		1/1/96	1,410	2,115	804.30	1,452.40	
		1/1/97	1,452	2,178	818.30	1,473.40	
		1/1/98	1,482	2,223	828.30	1,488.40	
		1/1/99	1,500	2,253	834.30	1,498.40	
		1/1/00	1,536	2,307	846.30	1,516.40	
		1/1/01	1,590	2,388	864.30	1,543.40	
		1/1/02	1,635	2,451	939.30	1,684.40	

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Citation	Condition or Requirement						
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			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living independently	(2) X	1/1/85	(3) \$ 975	\$1,464	(4) \$357.40	\$536.70	(5) SSI Standards
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